Kern County Sheriff's Office

Policies and Procedures

TITLE: **Infectious Materials Exposure Report**			NO: N-310
APPROVED: **Donny Youngblood, Sheriff-Coroner**			
EFFECTIVE: September 15, 1993	REVIEWED: 06/29/2018	REVISED: 03/01/2007	UPDATED: 03/12/2008

POLICY

The INFECTIOUS MATERIALS EXPOSURE REPORT form is used to report to the Office a potential blood borne or airborne exposure to an infectious material. The form originates from the Department and is maintained by the Sheriff's Office Risk Management Unit according to Title 8 California Code of Regulations Sections 5193.

Attached is a copy of an INFECTIOUS MATERIALS EXPOSURE REPORT form. The following guidelines will be used to complete the form:

LINE #

1. List the name of the exposed employee;
2. List the case number of the incident;
3. List the date the form was completed;
4. List the Social Security Number of the exposed employee;
5. List the rank of the employee;
6. List the assignment of the exposed employee and the squad or shift;
7. List the date the exposure occurred. Use the comment section on the back for any other dates or explanation;
8. List the time the exposure occurred. Use the comment section on the back for any other times or explanation;
9. List the location the exposure occurred, be specific;
10. List the name of the source subject;
11. List the date of birth of the source subject;
12. List the Booking Number or Local Arrest Record number of the source subject;
13. Check the appropriate box indicating what type of personal protective equipment was used;
14. Check the appropriate box indicating which substance came into contact with your body. Under the type of substance, check the box indicating the body area

exposed. Explain if the "Other" box is checked. Use the comments section on the back for additional comments;

15. If you have cuts, abrasions or sores that came into contact with blood or any substance listed in No. 12, check the "Yes" box. If not, check the "No" box. If you answered yes, describe the substance and body area exposed. Estimate how long the substance was on your body and how you removed it. Use comments section on back for additional comments;

16. If you received a cut or needle stick from a possibly contaminated object, check the "Yes" box. If not, check the "No" box. If you answered yes, describe the object, the type of cut or needle stick, and the body area exposed. Use comments section on back for additional comments;

17. If a subject coughed toward your face from a short distance (within 5 feet), check the "Yes" box. If not, check the "No" box. If you answered yes, were you wearing a mask, "yes" or "no."?

18. Check the box if you were in a room with the subject. Check the appropriate box if the windows were open or closed. If you were in a room, estimate how long and describe the approximate size of the room;

19. Check the box if you were in a vehicle with the subject. Check the appropriate box if the windows were open or closed. If you were in a vehicle, estimate how long and describe the approximate size of the vehicle;

20. Check the box if you were in a detention facility with the subject. If you were, describe the location and estimate how long;

21. If you breathed the same air as the subject at any other location, check the "Other" box. Describe the location and estimate how long.

End of form.